

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 177  
Registered No. 226

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township Globe or Village \_\_\_\_\_  
City Globe No. Blake Addition St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child** Inez Smith

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth Nov-25-1930  
Month Day Year

**8. FATHER**  
Full name Lorenzo W. Smith

**14. MOTHER**  
Full maiden name Blanche Rogers

**9. Residence**  
(Usual place of abode) Globe, Ariz  
If non-resident, give place and state.

**15. Residence**  
(Usual place of abode) Globe, Arizona  
If non-resident, give place and state.

**10. Color or race** white **11. Age at last birthday** 32 (Years)

**16. Color or race** white **17. Age at last birthday** 31 (Years)

**12. Birthplace (city or place)** Snowflake  
(State or country) Arizona

**18. Birthplace (city or place)** Snowflake  
(State or country) Arizona

**13. Occupation**  
Nature of industry Dairyman

**19. Occupation**  
Nature of industry Housewife

**20. Number of children of this mother** 6 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 6 (b) Born alive but now dead 00 (c) Stillborn \_\_\_\_\_ **21. Were precautions taken against ophthalmia neonatorum?** yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born alive at 740 P m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature H. E. Wightman  
(Physician or Midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Globe Ariz

Filed 12/4 1930 H. E. Wightman Registrar

Registrar  
72.8-1125-292